PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			ΩR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			1		100.0	1001 27	- 1	RATE	FEE	7	RATE	FEE
			NUMBER EVER		NI IMB	ER EXTRA		BASIC FEE	 	1	BASIC FEE	770.00
FOR			NUMBER FILED					DASIC I LL	383.00	OR	DASIC I'EL	770.00
TOTAL CHARGEABLE CLAIMS			\\ mir	nus 20=	* 6		l	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			<u> </u>	inus 3 =		Ó		X43=		OR	X86=	
М	JLTIPLE DEPEN	NDENT CLAIM P	RESENT				·	+145=		OR	+290=	
* If	the difference	e in column 1 is	less than zero, enter "0" in column 2				•	TOTAL		OR	TOTAL	750
CLAIMS AS AMENDED - PART II							OTHER THAN					
_	· · · · · · · · · · · · · · · · · · ·	(Column 1)	T	(Colur		(Column 3)		SMALL	<i></i>	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								TOTAL	-	OR	TOTAL ADDIT. FEE	
		Α	NDDIT. FEE		2	ADDII. FEE						
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_				
						•	L	+145=		OR	+290=	
							Α	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=	-	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145= TOTAL		OR	+290=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								· ·	OR ,	TOTAL ADDIT. FEE	
		ber Previously Paid					r foun	d in the app	ropriate box	in col	umn 1.	